

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110119

Entity Name: DOUBLE EAGLE GROUP LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

1224 CR 1
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1224 CR 1
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 20-3789903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

READ, BARBARA A
1224 CR 1
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUNHAM, DANA L
Address: 969 COBBLESTONE LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR () Delete
Name: PIASECNY, TERENCE T
Address: 9430 VIA SEGOVIA
City-St-Zip: NEW PORT RICHEY, FL 34665

Title: MGR () Delete
Name: LEIGH, TIMOTHY G
Address: 4559 32ND AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DANA DUNHAM

MGMR

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date